Social Distance, Psychotropic Medication, & Mental Illness Exposure

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Background

- Social distance is defined as how willing someone is to associate with another individual (Link et al., 1987).
- Personal depression stigma is an individually held attitude that identifies depression as a blemish or detriment (Griffiths et al., 2004).
- Individuals have high levels of social distance towards individuals with depressed (Amarasuriya et al., 2015).
- Although antidepressants are common treatment for depression (Pratt et al., 2011), research has not explored the association between social distance and antidepressant use.

We measured desired social distance from a vignette character who was diagnosed with depression, diagnosed and taking antidepressants, or an acquaintance. Depression stigma was measured secondarily.

I. We predicted antidepressant medication would elicit social distance additive to that associated with a depression diagnosis.
II. We also expected depression stigma to be positively associated with desired social distance.

Method

- 425 participants recruited from undergraduate psychology classes.
- 19 years of age (SD=2.91) and 78% Caucasian
- Participants were randomly assigned to read one of three vignettes.
  I. Control – The participant meets an acquaintance, Sam, and discovers they share similar hobbies.
  II. Diagnosed – The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis.
  III. Diagnosed with Medication – The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis and antidepressant prescription.
- Participants completed the Social Distance Scale (Link et al., 1987) specific to Sam.
  - Higher scores indicate less willingness to associate with Sam.
- Participants completed the Depression Stigma Scale (Griffiths et al., 2004)
  - Higher scores indicate more stigmatizing attitudes about individuals diagnosed with depression.

Results

- Participants desired significantly more social distance ($F_{(4,125)} = 5.60, p < .004$) from the individual in the control vignette, $M = 16.24, SD = 3.24$, than in the experimental conditions (diagnosed, $M = 15.25, SD = 3.20$; diagnosed with medication, $M = 14.98, SD = 3.39$; Figure 1).
- Greater social distance was associated with greater depression stigma, $r = .44, p < .001$. Greater depression stigma was associated with being younger, $r = -.15$, $p = .13$, and male (0 = male, 1 = female), $r = -.16, p = .007$ (see Table 1).
- Personal depression stigma accounted for 19% of variance in social distance scores, $F_{(4,125)} = 16.34, p < .001$ (see Table 2).

Discussion

- We found that greater social distance was not associated with depression diagnosis or psychotropic medication.
- Greater desired social distance may instead be the result of personally held stigmatizing attitudes regarding depression.
  - Highlights potential effectiveness of interventions that reduce stigmatizing attitudes towards individuals with depression.

Limitations:

- This study was conducted with a relatively homogeneous sample.
- The vignette portrayed someone distant or unknown to the participant.

Future Research:

- Utilize representative sample to identify any cohort or ethnic effects.
- Portray a person close to the participant (parent or sibling) since participant’s attitudes may vary based on familiarity.

References